

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-024942

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6079

STATE FILE NUMBER

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *St. Louis*

Length of stay in lb  
*58 yrs.*

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *Incarinate Ford Hosp.*

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
*4441 Grace*

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
*Margaret J. Mathews*

4. DATE OF DEATH

Month Day Year  
*June 18 1962*

5. SEX

*F*

6. COLOR OR RACE

*W*

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

*3/19/1904*

9. AGE (last birthday)

*58*

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*clerk*

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

*St. Louis, Mo.*

12. CITIZEN OF WHAT COUNTRY

*U.S.A.*

13a. FATHER'S NAME

*Wade H. Mathews*

13b. MOTHER'S MAIDEN NAME

*Mary A. O'Connor*

14. NAME OF HUSBAND OR WIFE

*—*

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

*no*

17. INFORMANT

Address

*Mr. Joe Mathews 4441 Grace*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*mediastinal tumor c metastases*

INTERVAL BETWEEN ONSET AND DEATH

*9-23-61*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*to Lungs.*

DUE TO (c)

*164 x*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☒  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *Sept 23, 1961* to *June 18, 1962*

and last saw her him alive on *June 17, 1962*

Death occurred at *1221* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

*Joseph E. Carney MD*

(Degree or title)

22b. ADDRESS

*3601 So Jefferson*

22c. DATE SIGNED

*6-19-62*

23a. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

23b. DATE

*6/20/62*

23c. NAME OF CEMETERY OR CREMATORY

*Calvary*

23d. LOCATION (City, town, or county)

*St. Louis, Mo.*

(State)

24. FUNERAL DIRECTOR

ADDRESS

*Joe A. Howard 1619 So. Grand*

25. DATE RECD. BY LOCAL REG.

*JUN 19 1962*

26. REGISTRAR'S SIGNATURE

*Roan Smith, M.D.*

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Elton R. Remelick*

Licensed Embalmer No. \_\_\_\_\_

*4283*

P. O. Address \_\_\_\_\_

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.